

STATUS AND ENTITY  
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2004 MAY 25 PM 3:38

#18 Ref for Refo  
7/2/04  
Docket No.: SUN-P6991  
(811173-000223)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Eduard K. de Jong  
SERIAL NO.: 10/014,823  
FILING DATE: October 29, 2001  
TITLE: Enhanced Quality of Identification in a Data Communications  
Network  
EXAMINER: William C. Vaughn, Jr. (Tel. No.: (703) 306-9129)  
(Fax No.: (703) 746-7239)  
ART UNIT: 2143

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail  
Stop 16 Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date printed below:

Date: 5/20/04

Name: Carol Diez

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P.O. Box 1450 Alexandria, VA 22313-1450

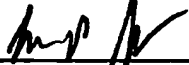
REQUEST FOR REFUND OF FEES

Dear Sir:

On April 9, 2004 an Information Disclosure Statement (IDS attached) was  
erroneously marked, as the references cited in the 1449 were based on an International Search  
Report (ISR), which was filed within 3 months of receiving the ISR. Therefore, Applicant  
respectfully requests that the Patent and Trademark Office issue a refund in the amount of  
\$180 payable to deposit account number 50-1698 (THELEN REID & PRIEST LLP).

Please contact Applicant's attorneys at the address, telephone or telecopier number  
below if there are any matters whose resolution can be expedited thereby.

Respectfully submitted,  
THELEN REID & PRIEST LLP

  
John P. Schaub  
Reg. No. 42,125

Dated: May 20, 2004

THELEN REID & PRIEST LLP  
P.O. Box 640640  
San Jose, CA 95164-0640  
Telephone: (408) 292-5800  
Facsimile: (408) 287-8040

STATUS AND ENTRY  
BRANCH

2004 MAY 25 PM 3:33

Serial/Patent No.: 10/014,823

Applicant: Eduard K. de Jong

Filing/Issue Date: 10/29/01

Title: ENHANCED QUALITY OF IDENTIFICATION IN A DATA COMMUNICATIONS NETWORK

TRP Docket No.: SUN-P6991

Date Mailed: 4-9-04

Atty/Secty Initials: DBR/JPS/od

Docket Due Date: 4/9/04

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- ☐ Amendment/Response (\_\_\_\_ pgs.)
- ☐ Appeal Brief (\_\_\_\_ pgs.) (in triplicate)
- ☐ Application - Utility (\_\_\_\_ pgs. with cover & abstract)
- ☐ Application - Rule 1.53(b) Continuation (\_\_\_\_ pgs.)
- ☐ Application - Rule 1.53(b) Division (\_\_\_\_ pgs.)
- ☐ Application - Rule 1.53(b) CIP (\_\_\_\_ pgs.)
- ☐ Application - Rule 1.53(d) CPA (\_\_\_\_ pgs.)
- ☐ Application - PCT (\_\_\_\_ pgs.)
- ☐ Application - Provisional (\_\_\_\_ pgs.)
- ☐ Assignment and Cover Sheet
- ☐ Certificate of Correction
- ☒ Certificate of Mailing
- ☐ Declaration & POA (\_\_\_\_ pgs.)
- ☒ Fee Transmittal

☐ Drawings (informal):  
\_\_\_\_ # of sheets includes \_\_\_\_ figures

☐ Other:

- ☒ IDS & PTO 1449 (5 pgs.)
- ☒ 4 Pieces of Prior Art Enclosed
- ☐ Issue Fee Transmittal
- ☐ Submission of Formal Drawings:  
\_\_\_\_ # of sheets includes \_\_\_\_ figures
- ☐ Notice of Appeal
- ☒ Postcard
- ☐ Preliminary Amendment (\_\_\_\_ pgs.)
- ☐ Reply Brief (\_\_\_\_ pgs.)
- ☐ Req and Cert. Not to Publish - Rule 1.213
- ☐ Request for Continued Examination (RCE) (\_\_\_\_ pgs.)
- ☐ Request for Extension of Time \_\_\_\_ Month(s)
- ☐ Response to Notice to File Missing Parts
- ☐ Copy of PTO Notice to File Missing Parts
- ☒ Transmittal Letter
- ☐ Express Mail No.: \_\_\_\_
- ☐ Check(s) \$ \_\_\_\_
- ☒ Deposit Acct. No. 50-1698 \$180.
- Patent Code: 1806
- Client/Matter #: 811173-223

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PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

## Complete if Known

Application Number 10/014,823  
Filing Date October 28, 2001  
First Named Inventor Eduard K. de Jong  
Examiner Name William C. Vaughn, Jr.  
Art Unit 2143  
Attorney Docket No. SUN-P6991

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number

50-1698

Deposit  
Account  
Name

Thelen Reid &amp; Priest, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	0	X	0
Independent Claims	Extra Claims	Fee from below	Fee Paid
	0	X	0
Multiple Dependent	Extra Claims	Fee from below	Fee Paid
		X	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	820*	1804	820*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180)

## SUBMITTED BY

## Complete if applicable

Name (Print/Type)

John P. Schaub

Registration No.  
(Attorney/Agent)

42,125

Telephone

(408) 282-5800

Signature

Date

4/9/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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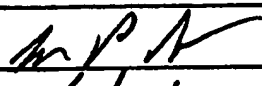
Approved for use through 07/31/2006. OMB 0651-0031

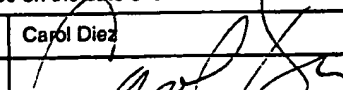
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/014,823
	Filing Date	October 29, 2001
	First Named Inventor	Eduard K. de Jong
	Art Unit	2143
	Examiner Name	William C. Vaughn, Jr.
Total Number of Pages in This Submission	Attorney Docket Number	SUN-P6991

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1449 citing 4 pieces of art
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	John P. Schaub, Reg. No. 42,125
Signature	
Date	4/9/04

CERTIFICATE OF MAILING			
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Typed or printed name	Carol Diez	Date	4-9-04
Signature			

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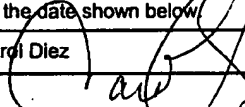
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/014,823
	Filing Date	October 29, 2001
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	Art Unit	2143
	Examiner Name	William C. Vaughn, Jr.
Total Number of Pages in This Submission	Attorney Docket Number	SUN-P6991

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Copy of Information Disclosure Statement with accompanying documents as filed 4/9/04</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John P. Schaub, Reg. No. 42,125
Signature	
Date	5/20/04

CERTIFICATE OF MAILING			
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Typed or printed name	Carol Diez		
Signature		Date	5/20/04

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